

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/423969		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		1		
2		1					52	1			
3		<del>1</del>					53		<del>1</del>		
4		<del>1</del>					54		<del>1</del>		
5		<del>1</del>					55		<del>1</del>		
6		<del>1</del>					56		<del>1</del>		
7		<del>1</del>					57		<del>1</del>		
8		<del>1</del>					58		<del>1</del>		
9		<del>1</del>					59		<del>1</del>		
10		<del>1</del>					60		<del>1</del>		
11		<del>1</del>					61		<del>1</del>		
12		<del>1</del>					62		<del>1</del>		
13		<del>1</del>					63		<del>1</del>		
14		<del>1</del>					64		<del>1</del>		
15		<del>1</del>					65		<del>1</del>		
16		<del>1</del>					66		<del>1</del>		
17		<del>1</del>					67		<del>1</del>		
18		<del>1</del>					68		<del>1</del>		
19	1						69		<del>1</del>		
20	1						70		<del>1</del>		
21	1						71		<del>1</del>		
22		1					72		<del>1</del>		
23		<del>1</del>					73		<del>1</del>		
24		<del>1</del>					74		<del>1</del>		
25		<del>1</del>					75		<del>1</del>		
26		<del>1</del>					76	1			
27		<del>1</del>					77		1		
28		<del>1</del>					78	1			
29		<del>1</del>					79	1			
30	1						80	1			
31		1					81				
32		1					82				
33		<del>1</del>					83				
34		<del>1</del>					84				
35		<del>1</del>					85				
36		<del>1</del>					86				
37		<del>1</del>					87				
38		<del>1</del>					88				
39		<del>1</del>					89				
40		<del>1</del>					90				
41		<del>1</del>					91				
42		<del>1</del>					92				
43		<del>1</del>					93				
44		<del>1</del>					94				
45		<del>1</del>					95				
46		<del>1</del>					96				
47		<del>1</del>					97				
48		<del>1</del>					98				
49	1						99				
50		1					100				
TOTAL IND.							TOTAL IND.	10			
TOTAL DEP.							TOTAL DEP.	20			
TOTAL CLAIMS							TOTAL CLAIMS	30			